Michigan Supplemental Tobacco Tax Return
Include Cigarettes and Other Tobacco Products (OTP) To Include "Roll-Your-Own." (If the cigarettes or
Roll-Your-Own were purchased from a Non-Participating Manufacturer, places complete Schedule K. Form 36

Issued under authority of P.A. 327 of 1993. Filing is mandatory. See penalty provisions below.

Roll-Tour-Own were purchased from a Nort-Participating Manufacturer, please complete Schedule R, 1 of th 3009).					
Name of Licensee	▶ FE. ME or TR Number				
1.00.000	I E, WE OF TRIVATION				
Address (No., Street, City, State, ZIP)	► Month and Year of Return Being Corrected				
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NOTE: File separate supplemental returns for each month you are correcting. Complete Schedule K (Form 3669) for cigarettes and Roll-Your-Own

ourchased from Non-Participating Manufacturers.						
a. Invoice Date	b. Invoice Number	Purchased From, Shipp	c. bed, Sold or Transferred To	d. Number of Cigarettes (Not packs, cartons or cases)	e. Wholesale Price of OTP Purchases	
			TOTAL		\$	
1a. Tax at 62.5 mills per cigarette sold Total of Column d x \$.0625						
	of wholesale price umn e x .20	on OTP sold			▶\$	
2. Compute 1.	50% (.0150) of line	e 1a and enter here		\$		
3. Compute 19	% (.01) of line 1b a	nd enter here			\$	
4. Subtract line	e 2 from line 1a			\$		
5. Subtract line 3 from line 1b				\$		
o. NET TAX DOE. Add lifted 4 drid 5. Effet field					▶\$	
7. LATE PENALTY (Penalty is the greater of \$5.00 or 5% of tax due per month or portion of month late. Maximum 50%.)				\$		
INTEREST (Interest accrues at 1% above the current prime rate, and is adjusted on January 1 and July 1.)				\$		
9. TOTAL TAX, PENALTY and INTEREST DUE (Add lines 4, 5 and 6) PAY					▶\$	
I certify under penalty of perjury that this return and attachments are true and complete to the best of my knowledge. I authorize Treasury to discuss my return with my preparer. Do not discuss with my preparer.						
Signature of Taxpayer Signature of Preparer Other than Taxpayer		Date				
Phone Number		FAX Number	Phone Number	FAX Number		

Make checks payable to "State of Michigan." Print "Tobacco Products Tax" on the front of your check and mail to:

Michigan Department of Treasury P.O. Box 77628 Detroit, MI 48277-0628

If you have questions, please call the Motor Fuel, Cigarette and Miscellaneous Taxes Section at (517) 636-4630. Deaf, hearing or speech impaired persons call (517) 636-4999 (TTY).